

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Garvey PresleyTelephone: 843-536-4187Address: 1911 Barnwell StFax: 888-502-5943Suite DOther: 336-517-4441Columbia, SC 29201Email: GarveyPresley@OpenArmsTreatmentCenter.Com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER****CLASS C - NON-EMERGENCY**Date: 12/22/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Open Arms Counseling Center Inc dba Open Arms Logistical Services
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1911 Barnwell St. Suite D Columbia, SC 29201

Street Address of Applicant

3911 SE Jack Pine Ct. Greensboro, NC 27406

Mailing Address of Applicant (if different from street address)

336-517-4441

Phone

888-502-5943

Fax

GarveyPresley@OpenArmsTreatmentCenter.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	260,000	Mortgage/Loan on Real Estate	190,000
Value of Motor Vehicles	65,000	Loans Owed on Motor Vehicles	49,000
Cash on Hand	1,000	Business/Other Loans Owed	
Cash in Bank	8,000	Other Liabilities or Debts	4,000
Value of Other Assets and Equipment		Total Liabilities	\$243,000
Total Assets	\$334,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Ambulatory Each Leg: \$35

Wheelchair Van Each Leg: \$45

0-10 Miles Per Mile: \$2/Mile 11 or more miles

No Show: \$35

One Leg = one pick up or one drop off. A round trip would include 2 legs

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
Ford	2014 E350	1FTDS3ELXEDA55636	10,000	X

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Open Arms Counseling Center Inc dba Open Arms Logistical Services

Name of Applicant

1911 Barnwell St. Suite D Columbia, SC 29201

Address of Applicant

Amount of Premium:

Liability Insurance \$ 6674

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

Progressive Northern Insurance Co

Name of Insurance Company

PO Box 94739 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Open Arms Counseling Center Inc dba Open Arms Logistical Services

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Darryl Presley III
Applicant's Signature

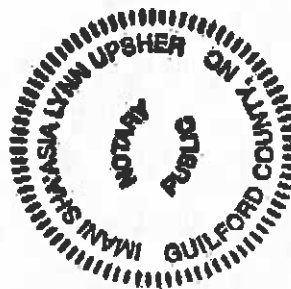
Owner
Title of Applicant (e.g. President, Owner, etc.)

North Carolina
STATE OF SOUTH CAROLINA)
COUNTY OF Guilford)

SWORN TO BEFORE ME
This 22nd day of December, 2021

Anna Shalicia Lynn Upsher
Notary Public

Commission Expires 04-23-25



Print Application

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Dec 05 2018

REFERENCE ID: 250164

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Filing ID: 181205-0901521

Filing Date: 12/04/2018

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF INCORPORATION

1. The name of the proposed corporation is:

Open Arms Counseling Center Inc

2. The initial registered office of the corporation is:

331 E Main St

(Street Address)

Rock Hill, South Carolina 29730

(City, State, Zip Code)

And the initial registered agent at such address is:

Garvey Presley III

(Name)

I hereby consent to the appointment as registered agent of the corporation

(Agent's Signature)

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of
shares authorized is 100

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized Number of Each Class

The relative right, preference, and limitations of the shares of each class, and of each series
within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is
indicated (see Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) of its incorporation is

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Dec 05 2018

REFERENCE ID: 250164

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Open Arms Counseling Center Inc

Name of Corporation

6. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address and signature of each incorporator is as follows (only one incorporator is required):

a.

Garvey Presley III

(Name)

3911 SE Jack Pine Ct

(Address)

Greensboro, North Carolina 27407

(City, State, Zip Code)

Garvey Presley III

(Signature)

b.

(Name)

(Address)

(City, State, Zip Code)

(Signature)

c.

(Name)

(Address)

(City, State, Zip Code)

(Signature)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Dec 05 2018

REFERENCE ID: 250164

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Open Arms Counseling Center Inc

Name of Corporation

7. I, William R Reigel Jr, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, related to the articles of incorporation.

Date: 12/04/2018

Name of Corporation:

Open Arms Counseling Center Inc

Signed as Filer: Garvey Presley III

Signature

William R Reigel Jr

Type or Print Name

3911 SE Jack Pine Ct

(Street Address)

Greensboro, North Carolina 27406

(City, State, Zip Code)

336-897-0020

(Telephone Number)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Dec 05 2018

REFERENCE ID: 250164

Business Name: Open Arms Counseling Center Inc**Signature Page for a Secretary of State Business Filing**Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

This form is completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation, Nonprofit Corporation, and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Garvey Poesky III

Name

12/08/2018

Date

Garvey Poesky III

Signature

CEO/Owner

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Attorney Signature

Required for forms that implicitly state that an attorney must sign. (Articles of Incorporation for Corporation, Nonprofit Corporation, and Benefit Corporation)

William R. Riegel, Jr.

an attorney licensed to practice.

In the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, related to the articles of incorporation.

Attorney Signature

12/14/2018

Date

Scan and Upload this document to the Business Filing System during the filing process.
File must be in PDF Format.

PROGRESSIVE
COMMERCIAL**Application for Insurance**
Please review, sign where
indicated, and returnNamed Insured:
Open Arms Counseling Center Inc.
Open Arms Logistical Services
January 17, 2022
Page 1 of 5**Policy and premium information**

Insurance company: Progressive Northern Insurance Co
PO Box 94739
Cleveland, OH 44101

Agent: BIG TIM LLC
1296 UNION UNIV STE G
JACKSON, TN 38305
02XTM
1-731-394-1906

Named Insured: Open Arms Counseling Center Inc.
Open Arms Logistical Services
1911 Barnwell St
Columbia, SC 29201
Primary e-mail address: gp0336@gmail.com
Primary Phone Number: 1-336-517-4441

Financial responsibility vendor: TransUnion
1-800-916-8800

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

Total policy premium: \$6,674.00

Initial payment required: \$1,336.40

Payment plan: 10 Pay, 20% DP, Mthly

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**Rated drivers**

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Driver's license number	State	Points	Additional information
Garvey Presley	08/17/1978		SC	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		\$3,668
Uninsured Motorist			815
Bodily Injury	\$1,000,000 combined single limit		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			912
Bodily Injury	\$1,000,000 combined single limit		

Continued

Open Arms Counseling Center Inc
Page 2 of 5

Property Damage	(included in combined single limit)	\$0
Medical Payments	\$5,000 each person	187
Comprehensive		120
See Auto Coverage Schedule	Limit of liability less deductible	
Collision		869
See Auto Coverage Schedule	Limit of liability less deductible	
Rental Reimbursement		21
See Auto Coverage Schedule		
Roadside Assistance		30
See Auto Coverage Schedule	Limit of liability less deductible	
Subtotal policy premium		\$6,672
UM Fund Fee		
Total 12 month policy premium and fees		\$6,672

Auto coverage schedule

1. **2014 FORD ECONOLINE** Stated Amount: * \$15,000 (including Permanently Attached Equip)
VIN: 1FTDS3ELXEDA55636 Garaging Zip Code: 29201 Radius: 50 miles
Personal use: N Body type: Passenger Van

Liability Premium	Liability Premium	UM Premium	UIM Premium	Med Pay Premium	
	\$3668	\$815	\$912	\$187	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	\$1,000/\$0	\$120	\$1,000	\$869	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium	Auto Total
	\$50 per day Max \$1,500	\$71	\$0	\$30	\$6,672

Vehicle questions

Is this vehicle used for business, personal or both? Business

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Financial responsibility information

Name: Garvey Presley
Home address: 1911 Barnwell St Columbia, SC 29201
Age: 43
Date of birth: 08/17/1978
Is Garvey Presley involved in the daily operation of the business? Yes

Business information

Business: _____ Other Business: _____
Block Car: _____
Business Structure: Corporation Employer (D Number, EIN): _____

Do you have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

Do you currently have other coverages for your business? General Liability

Failure to provide (fax) proof of current General Liability or Business Owners Policy Insurance may result in change in premium.

Continued

Open Arms Counseling Center Inc
Page 3 of 5**Premium discounts**

Policy

Electronic Funds Transfer and Multi-Product

Insurance history

Are you currently insured with Progressive commercial auto? No

Prior insurance: Yes

For the past year or more, have you had continuous insurance coverage? Yes

Current limits of Bodily Injury Liability coverage: 1,000,000 combined single limit

What is the expiration date of your current auto policy? Dec 7, 2022

Underwriting questions

Is your business required to provide a state or federal agency proof of insurance/filings? No

Federal Liability Filing: No